



DATE/TIME RECEIVED:

**TOWN OF LAKE PARK
SPECIAL EVENT PERMIT APPLICATION**
Please read instructions before filling out application.

Please submit application ten (10) calendar days prior of proposed event to:

DEPARTMENT OF COMMUNITY DEVELOPMENT
535 PARK AVENUE
LAKE PARK, FL 33403
Telephone: 561-881-3318 Fax: 561-881-3323

Instructions:

Please print legibly using dark ink.

Application must be filled out completely. \$75.00 Application fee must accompany application. Non-profit/individual application fee: \$25.00 Please note the permit requirements necessary to be attached to application.

Name of Event or Name of Event Organizer:

Address/Location of Event

Detailed description of use (use additional sheet if applicable)

If the event requires a facility rental, please contact 561-881-3338.

Dates/Times of the event:

	Date	Day	Begin Time	End Time
Event Day 1	_____	_____	() AM () PM _____	() AM () PM _____
Event Day 2	_____	_____	() AM () PM _____	() AM () PM _____
Event Day 3	_____	_____	() AM () PM _____	() AM () PM _____

Organization(s) Producing Special Event (if applicable):

Name: _____ Name: _____

Address: _____ Address: _____

State/Zip _____ State/Zip: _____

Phone: _____ Phone: _____

Alternate Phone # _____ Alternate Phone # _____

Fax: _____ Fax: _____

E-mail : _____ E-mail: _____

Individual(s) Responsible:

Name: _____ Name _____

Address: _____ Address: _____

State/Zip: _____ State/Zip: _____

Phone: _____ Phone: _____

Alternate Phone # _____ Alternate Phone # _____

Fax: _____ Fax: _____

E-mail : _____ E-mail: _____

Purpose of the event

Estimated number of participants? _____

Has this event ever occurred in the Town of Lake Park? Yes ____ No ____

Has this site had a Special Event Permit this calendar year? Yes ____ No ____

THE FOLLOWING SECTIONS MAY NOT APPLY TO NON-COMMERCIAL EVENTS

Will your event require road closure? Yes ____ No ____

If yes, describe the requested street segment closure and time and provide a traffic circulation plan. You are responsible for notifying affected businesses: _____

(Initial to acknowledge statement)

Will the event require the use of electricity? Yes ____ No ____

Will the event require water hook-up? Yes ____ No ____

Describe restroom availability: _____

Will food and/or beverages be served? Yes ____ No ____

Will the event have vendors or concession sales, including food? Yes ____ No ____

If yes, the event organizer is responsible for securing all respective PBC and State of Florida Health Certificates for food vendors, as well as copies of all other commercial vendor licenses.

The event organizer holds full responsibility and liability for vendors. _____

(Initial to acknowledge statement)

Will Palm Beach County Sheriff's Office services be required? Yes ____ No ____

Will Palm Beach County Fire-Rescue services be required? Yes ____ No ____

Will alcoholic beverages be served? Yes ____ No ____

If YES, additional liquor legal liability with a \$1million limit is required.

Commercial for-profit and non-profit special events will require a Certificate of General Liability with the following limits:

\$1 million per occurrence;

\$2 million aggregate;

\$100,000 damage to rented premises.

Are you proposing signage? Yes ____ No ____

If yes, please fill out the signage permit application attached. An additional \$100 fee is required for signage.

Please provide a sketch of the special event site including: Proposed location of parking, tent(s), concession stand(s), booth(s), stage(s), etc. OR provide an attachment:

NOTE: Public parking spaces are first-come, first-serve.

If tents are to be used, a *Certificate of Flame Resistance* must be attached to this Special Event Permit application.

FOR OFFICE USE ONLY

SIGNATURES/APPROVALS:

Please sign and date.

CODE COMPLIANCE OFFICER: _____

PUBLIC WORKS DIRECTOR: _____

PALM BEACH COUNTY SHERIFF: _____

PALM BEACH CO. FIRE-RESCUE: _____



COMMUNITY DEVELOPMENT DIRECTOR: _____

Comments:

APPLICANT SIGNATURE: _____ **DATE:** _____